


**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23455 (1)**  
 1. Corporation Name  
**BELLA VISTA ON THE PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 830 BELLA VISTA COURT SOUTH JUPITER FL 33477 US	Mailing Address 830 BELLA VISTA COURT SOUTH JUPITER FL 33477 US
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3. Date Incorporated or Qualified <b>11/13/1987</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0184467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**WUHRMAN, JERALD L**  
**154 COMMODORE DR.**  
**JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name **Steve Inglis**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**103 S US Hwy 1, HFS-135**  
 83  
 84 City **Jupiter FL** 85 Zip Code **33477**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Steve Inglis DATE 4/13/96

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	<del>PD</del> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WUHRMAN, JERALD L</del>	1.2 NAME	<b>WUHRMAN, Jerald L</b>
STREET ADDRESS	<del>154 COMMODORE DR.</del>	1.3 STREET ADDRESS	<b>154 Commodore Dr</b>
CITY-ST-ZIP	<del>JUPITER FL 33477</del>	1.4 CITY-ST-ZIP	<b>JUPITER, FL 33477</b>
TITLE	<del>VD</del> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WUHRMAN, DELORES</del>	2.2 NAME	<b>Costanzo, Thomas</b>
STREET ADDRESS	<del>154 COMMODORE DR.</del>	2.3 STREET ADDRESS	<b>240 Bella Vista Ct #</b>
CITY-ST-ZIP	<del>JUPITER FL 33477</del>	2.4 CITY-ST-ZIP	<b>JUPITER, FL 33477</b>
TITLE	<del>STD</del> <input type="checkbox"/> DELETE	3.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WUHRMAN, ROBERT</del>	3.2 NAME	<b>Lambert, Wayne</b>
STREET ADDRESS	<del>440 BELLA VISTA CT. N</del>	3.3 STREET ADDRESS	<b>360 Bellavista Ct</b>
CITY-ST-ZIP	<del>JUPITER FL</del>	3.4 CITY-ST-ZIP	<b>JUPITER, FL 33477</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>F/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>McLaughlin, John</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>250 Bella Vista Ct N</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>JUPITER, FL 33477</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Inglis DATE 4/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)